## FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Mail Blocheraing Bed

# FORM D

OMB Number: 3235-0076
Expires: April 30, 2008
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hours per response.....16.00

JAN 3 1 2008 NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
WESHINGTON LIMITED OFFERING EXEMPTION

| SEC USE ONLY  |        |  |  |  |  |  |  |
|---------------|--------|--|--|--|--|--|--|
| Prefix        | Serial |  |  |  |  |  |  |
|               |        |  |  |  |  |  |  |
| DATE RECEIVED |        |  |  |  |  |  |  |
| 1             | 1      |  |  |  |  |  |  |

| Name of Offering ( Check if this is an amendment and name has changed, and indicate change.)   |   |
|--|---|
| 1607 Capital Tax Advantaged Fund, LP  Giling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)   | ULOE  |
| ype of Filing:   |   |
| A. BASIC IDENTIFICATION DATA   |   |
| . Enter the information requested about the issuer   |   |
| Jame of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |   |
| 607 Capital Tax Advantaged Fund, LP  | 08023732  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)  |
| 991 Lake Brook Drive, Suite 125, Glen Allen, VA 23060  | 804.525.1750  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)  |
| if different from Executive Offices) Same as Executive Offices   | Same as Executive Offices   |
| Brief Description of Business  | Danie de Executivo Cineco   |
| private pooled investment vehicle  |   |
|  | PROCESSED   |
| ype of Business Organization   |   |
| corporation I limited partnership, already formed other (grant business trust limited partnership, to be formed  | please specify): FEB 0 G 2008   |
|  |   |
| Month Year  Actual or Estimated Date of Incorporation or Organization: 0 1 0 8 ✓ Actual Estimated  | IHOWSON   |
| vetual or Estimated Date of Incorporation or Organization: 0 1 0 8 2 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  |   |
| CN for Canada; FN for other foreign jurisdiction)  |   |
| GENERAL INSTRUCTIONS   |   |
| Sederal:<br>The Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (<br>7d(6).   | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be thich it is due, on the date it was mailed by United States registered or certified mail to that address.   |   |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20  | 549.  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall hotocopies of the manually signed copy or bear typed or printed signatures.   | ly signed. Any copies not manually signed must be   |
| information Required: A new filing must contain all information requested. Amendments need only reponentereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.  |   |
| filing Fee: There is no federal filing fee.  |   |
| tate;  |   |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for some MLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Street obe, or have been made. If a state requires the payment of a fee as a precondition to the claim for a company this form. This notice shall be filed in the appropriate states in accordance with state law, his notice and must be completed. | Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall |
|  |   |
| Failure to file notice in the appropriate states will not result in a loss of the federal ex   | xemption. Conversely, failure to file the   |
| appropriate federal notice will not result in a loss of an available state exemption unle  | es such exemption is predictated on the   |

liling of a federal notice.

| A. BASIC IDENTIFICATION DA   | TA   |
|--|--|
| 2. Enter the information requested for the following:  |  |
| • Each promoter of the issuer, if the issuer has been organized within the past five year  | ars;   |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposit  | ition of, 10% or more of a class of equity securities of the issue |
| Each executive officer and director of corporate issuers and of corporate general and  | l managing partners of partnership issuers; and                    |
| <ul> <li>Each general and managing partner of partnership issuers.</li> </ul>  |  |
| Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Office  | icer Director General and/or Managing Partner                      |
| Full Name (Last name first, if individual)   |  |
| 1607 Capital Partners, LLC (General Partner)   |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)<br>4991 Lake Brook Drive, Suite 125, Glen Allen, VA 23060 |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office   | icer Director General and/or Managing Partner                      |
| Full Name (Last name first, if individual) Tattersall, Fred (Chairman of the General Partner)                                      |  |
|  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office   | icer Director General and/or Managing Partner                      |
| Full Name (Last name first, if individual)  Mallory, James (Managing Director of the General Partner)                              |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |  |
| 4991 Lake Brook Drive, Suite 125, Glen Allen, VA 23060   |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office   | icer Director General and/or Managing Partner                      |
| Full Name (Last name first, if individual)   |  |
| Fake, Shannon (Managing Director of the General Partner)   |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) 4991 Lake Brook Drive, Suite 125, Glen Allen, VA 23060    |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office   | icer Director General and/or<br>Managing Partner                   |
| Full Name (Last name first, if individual) Long, Ashley (Managing Director of the General Partner)                                 |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)<br>4991 Lake Brook Drive, Suite 125, Glen Allen, VA 23060 |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office   | icer Director  |
| Full Name (Last name first, if individual) Tattersall, Kirk (Managing Director of the General Partner)                             |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)<br>4991 Lake Brook Drive, Suite 125, Glen Allen, VA 23060 |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Office   | cer Director General and/or Managing Partner                       |
| Full Name (Last name first, if individual)   |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |  |
| (Use blank sheet, or copy and use additional copies of the   | his sheet as necessary)  |

|           |  | <del></del>  | ·· <del>·</del>              |                             | В. І                         | NFORMAT                   | ION ABOU                                | T OFFERI                                | NG                                      |   |                             |                      |                      |
|-----------|--|--|------------------------------|-----------------------------|------------------------------|---------------------------|---|---|---|---|-----------------------------|----------------------|----------------------|
| _         |  |  |                              | <del></del>                 |                              |                           |   |   |   |   |                             | Yes                  | No                   |
| 1.        | Has the  | issuer sold  | l, or does tl                |                             |                              |                           |   |   |   | -                                       |                             |                      | Ø                    |
| ,         | W/L = 4 !=   |  |                              |                             |                              | Appendix                  |   | _                                       |   |   |                             | <b>a</b> 1.00        | 0,000.00             |
| 2.        | 2. What is the minimum investment that will be accepted from any individual? |  |                              |                             |                              |                           |   |   |   |   | Yes                         | No                   |                      |
| 3.        | Does th  | e offering   | permit join                  | t ownershi                  | ip of a sing                 | le unit?                  |   | *************************************** | ••••                                    |   |                             | Ø                    |                      |
| 4.        | commis<br>If a pers  | ne informat<br>ssion or simi<br>son to be list<br>s, list the na | ilar remune<br>ted is an ass | ration for s<br>sociated pe | solicitation<br>erson or ago | of purchasent of a broken | ers in conn<br>cer or deale             | ection with<br>r registered             | sales of see                            | curities in t<br>EC and/or              | he offering<br>with a state |                      |                      |
| _         | a broke  | r or dealer,   | you may s                    | ct forth th                 |                              |                           |   |   |   |   |                             |                      |                      |
| Ful<br>N/ |  | Last name  | first, if ind                | ividual)                    |                              |                           |   |   |   |   |                             |                      |                      |
|           |  | Residence  | Address (N                   | lumber and                  | d Street, C                  | ity, State, Z             | Zip Code)                               |   |   |   | <del></del> -               |                      |                      |
| _         |  | <del> </del>   |                              | ··.                         |                              |                           |   |   |   | <del></del> —                           |                             |                      | <del>-</del>         |
| Na        | me of As   | sociated Br  | oker or De                   | aler                        |                              |                           |   |   |   |   |                             |                      |                      |
| Sta       | tes in Wi  | nich Person  | Listed Has                   | Solicited                   | or Intends                   | to Solicit                | Purchasers                              |   |   |   |                             |                      |                      |
|           | (Check   | "All States  | " or check                   | individual                  | States)                      | •••••                     |   | *************************************** | *************************************** |   |                             | ☐ Al                 | l States             |
|           | AL<br>IL<br>MT<br>RI   | IN<br>NE<br>SC   | AZ<br>IA<br>NV<br>SD         | AR<br>KS<br>NH<br>TN        | CA<br>KY<br>NJ<br>TX         | CO<br>LA<br>NM<br>UT      | CT<br>ME<br>NY<br>VT                    | MD<br>NC<br>VA                          | MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI        | MS<br>OR<br>WY       | MO<br>PA<br>PR       |
| Ful       | Full Name (Last name first, if individual)                                   |  |                              |                             |                              |                           |   |   |   |   |                             |                      |                      |
| Bu        | siness or  | Residence  | Address (1                   | Number an                   | d Street. C                  | City. State.              | Zin Code)                               |   |   |   |                             |                      |                      |
|           |  |  |                              |                             |                              |                           | - P • • • • • • • • • • • • • • • • • • |   |   |   |                             |                      |                      |
| Nai       | me of As   | sociated Br  | oker or De                   | aler                        |                              |                           |   |   |   |   |                             |                      |                      |
| Sta       | tes in Wi  | nich Person  | Listed Has                   | Solicited                   | or Intends                   | to Solicit                | Purchasers                              | <u> </u>                                | <del>-</del>                            |   |                             |                      |                      |
|           | (Check   | "All States  | " or check                   | individual                  | States)                      | ***********               |   |   | *********                               | *******                                 | •••••                       | ☐ Al                 | l States             |
|           | AL<br>IL<br>MT<br>RI   | AK<br>IN<br>NE<br>SC   | AZ<br>IA<br>NV<br>SD         | AR<br>KS<br>NH<br>TN        | CA<br>KY<br>NJ<br>TX         | CO<br>LA<br>NM<br>UT      | CT<br>ME<br>NY<br>VT                    | DE<br>MD<br>NC<br>VA                    | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI        | MS<br>OR<br>WY       | ID<br>MO<br>PA<br>PR |
| Ful       | l Name (   | Last name 1  | first, if indi               | ividual)                    |                              |                           |   |   |   |   |                             |                      |                      |
| Rus       | siness or  | Residence  | Address ()                   | dumber an                   | d Street C                   | ity State                 | Zin Code)                               |   |   |   |                             |                      |                      |
|           | 3/11033 01   | Residence  | Addiess (i                   | vuinoer an                  | u street, c                  | ity, State, i             | cip code)                               |   |   |   |                             |                      |                      |
| Nar       | me of As:  | sociated Br  | oker or De                   | aler                        |                              |                           |   |   |   |   |                             |                      | -                    |
| Sta       | tes in Wi  | nich Person  | Listed Has                   | Solicited                   | or Intends                   | to Solicit                | Purchasers                              |   |   |   |                             |                      |                      |
|           | (Check   | "All States  | " or check                   | individual                  | States)                      | ••••                      |   | *************************************** | *************************************** | *************************************** |                             | ☐ Al                 | States               |
|           | AL<br>IL<br>MT   | AK<br>IN<br>NE<br>SC   | AZ<br>IA<br>NV<br>SD         | AR<br>KS<br>NH<br>TN        | CA<br>KY<br>NJ<br>TX         | CO<br>LA<br>NM<br>UT      | CT<br>ME<br>NY<br>VT                    | DE<br>MD<br>NC<br>VA                    | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI        | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<sup>\*</sup> The Investment Manager reserves the right to accept smaller participations.

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |                         |
|----|--|-----------------------------|-------------------------|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold  |
|    | Debt   | s 0.00                      | s 0.00                  |
|    | Equity   |                             | s 0.00                  |
|    | ☐ Common ☐ Preferred   |                             |                         |
|    | Convertible Securities (including warrants)  | \$ 0.00                     | 0.00<br>\$              |
|    | Partnership Interests  |                             | § 0.00                  |
|    | Other (Specify)  |                             | \$ 0.00                 |
|    | Total  | s unlimited*                | \$ 0.00                 |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                         |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number                      | Aggregate Dollar Amount |
|    |  | Investors                   | of Purchases            |
|    | Accredited Investors   | 0                           | \$ 0.00                 |
|    | Non-accredited Investors   | -                           | \$ 0.00                 |
|    | Total (for filings under Rule 504 only)  | N/A                         | \$_N/A                  |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                         |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold   |
|    | Rule 505   | N/A                         | \$_N/A                  |
|    | Regulation A   | N/A                         | \$ N/A                  |
|    | Rule 504   | N/A                         | s N/A                   |
|    | Total  |                             | \$_N/A                  |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                         |
|    | Transfer Agent's Fees  | <b></b>                     | \$_0.00                 |
|    | Printing and Engraving Costs   |                             | \$_0.00                 |
|    | Legal Fees   | ****                        | \$ 0.00                 |
|    | Accounting Fees  |                             | \$_0.00                 |
|    | Engineering Fees   | _                           | \$ 0.00                 |
|    | Sales Commissions (specify finders' fees separately)   | <del></del>                 | § 0.00                  |
|    | Other Expenses (identify)  |                             | § 0.00                  |
|    | Total  | _                           | <u>\$_0.00</u>          |

<sup>\*</sup>This is a continuous offering with no limit as to the aggregate offering amount.

|      | ·  |  |  |                       |
|------|--|--|--|-----------------------|
|      | b. Enter the difference between the aggregate and total expenses furnished in response to Part proceeds to the issuer."  |  | usted gross  | N/A<br>\$             |
| 5.   | Indicate below the amount of the adjusted gro-<br>cach of the purposes shown. If the amount fe<br>check the box to the left of the estimate. The to<br>proceeds to the issuer set forth in response to | or any purpose is not known, furnish an es<br>tal of the payments listed must equal the adju | timate and   |                       |
|      |  |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others |
|      | Salaries and fees  |  |  | _ [✓] \$ 0.00         |
|      | Purchase of real estate  |  | _  | [7] \$ 0.00           |
|      | Purchase, rental or leasing and installation of and equipment  | machinery  | <del></del>  | <b>Z</b> ]\$ 0.00     |
|      | Construction or leasing of plant buildings and   |  |  | s 0.00                |
|      | Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)  | assets or securities of another  |  | _ 🛭 \$_0.00           |
|      | Repayment of indebtedness  |  | <del></del> -  | \$ 0.00               |
|      | Working capital  |  |  | <b>▽</b> \$ 0.00      |
|      | Other (specify): Investments in securities   |  | \$ 0.00  | ✓ \$ 100%             |
|      |  |  | s 0.00   | <b>Z</b> \$           |
|      | Column Totals  |  | <u>§</u> \$ 0.00                                       | <u> 5</u> 100%        |
|      | Total Payments Listed (column totals added)  |  | 🔽 \$_1'  | 00%                   |
| Г    | · · · · · · · · · · · · · · · · · · ·  | D. FEDERAL SIGNATURE   |  | <del></del>           |
| sig  | e issuer has duly caused this notice to be signed b<br>nature constitutes an undertaking by the issuer t<br>information furnished by the issuer to any non   | o furnish to the U.S. Securities and Exchan  | ge Commission, upon writte                             |                       |
| Iss  | er (Print or Type)   | Signature  | Date   |                       |
| 160  | 7 Capital Tax Advantaged Fund, LP  | Wester   | 1-25-  | 08                    |
| Na   | ne of Signer (Print or Type)   | Title of Signer (Print or Type)  |  |                       |
| Kirk | Tattersall   | Managing Director of Operations &  | Marketing  |                       |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION -

<sup>\*</sup> This is a continuous offering with no set limit as to the aggregate offering amount

|          |  | E. STATE SIGNATURE                           |   |  |  |  |  |  |  |  |
|----------|--|--|---|--|--|--|--|--|--|--|
| 1,       | Is any party described in 17 CFR 230.2 provisions of such rule? Not Applicable to  | ification Yes No                             |   |  |  |  |  |  |  |  |
|          |  | See Appendix, Column 5, for state respo      | onse.   |  |  |  |  |  |  |  |
| 2.       | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on For D (17 CFR 239.500) at such times as required by state law. |  |   |  |  |  |  |  |  |  |
| 3.       | 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  Not applicable to Rule 506 Offerings     |  |   |  |  |  |  |  |  |  |
| 4.       | limited Offering Exemption (ULOE) of   |  | hat must be satisfied to be entitled to the Uniforn nderstands that the issuer claiming the availability satisfied.  Not applicable to Rule 506 Offerings |  |  |  |  |  |  |  |
|          | uer has read this notification and knows the thorized person.  | contents to be true and has duly caused this | notice to be signed on its behalf by the undersigned  |  |  |  |  |  |  |  |
| lssuer ( | Print or Type)   | Signature                                    | Date  |  |  |  |  |  |  |  |
| 1607 C   | apital Tax Advantaged Fund, LP   | for dill                                     | 1-25-08   |  |  |  |  |  |  |  |
| Name (   | Print or Type)   | Title (Print or Type)                        |   |  |  |  |  |  |  |  |
| Kirk Ta  | attersall  | Managing Director of Operations & Marketing  |   |  |  |  |  |  |  |  |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |   |  | AF                                   | PPENDIX  |  |        |     |    |
|-------|--------------------------------|---|--|--------------------------------------|--|--|--------|-----|----|
| _     | Intend<br>to non-a<br>investor | 2<br>I to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        |     |    |
| State | Yes                            | No  |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No |
| AL    |                                | X   | unlimited offering of limited<br>partnership interests                         | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| AK    |                                | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| AZ    | _                              | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| AR    |                                | X   | untimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| CA    |                                | X   | untimited affering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| со    |                                | X   | unlimited offering of limited<br>partnership interests                         | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| СТ    |                                | X   | unlimited offering of limited parametable interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| DE    |                                | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| DC    |                                | X   | unlimited offering of limited parinership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| FL    |                                | _X  | untimited offering of limited partnership<br>interests                         | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| GA    |                                | X   | unlimited offering of limited<br>partnership interests                         | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| н     |                                | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| ID    |                                | X   | untimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| IL    |                                | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| IN    |                                | X   | unlimited offering of limited partnership interexts                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| IA    |                                | X   | unlimited offering of limited partnership<br>interests                         | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| KS    |                                | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| KY    |                                | X   | unlimited offering of limited<br>partnership interests                         | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| LA    |                                | X   | untimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| ME    |                                | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| MD    |                                | X   | unlimited offering of limited paraerahip interests                             | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| MA    |                                | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| МІ    |                                | X   | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| MN    |                                | X_  | unlimited offering of limited partnership interests                            | 0                                    | \$0.00   | 0  | \$0.00 |     |    |
| MS    |                                | X   | unlimited offering of<br>limited partnership interests                         | 0                                    | \$0.00   | 0  | \$0.00 |     |    |

#### **APPENDIX** 2 3 1 4 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited waiver granted) investors in State offered in state amount purchased in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No untimited offering of limited partnership interests 0 0 \$0.00 MO \$0.00 unhmited offering of timited MT 0 \$0.00 \$0.00 0 partnership interests unlimited offering of limited partnership interests NE 0 \$0.00 0 \$0.00 unlimited offering of limited partnership interests NV 0 \$0.00 0 \$0.00 unlimited offering of limited partnership interests NH 0 \$0.00 0 \$0.00 unlimited offering of limited partnership interests NJ 0 \$0.00 0 \$0.00 unlimited offering of limited partnership interests 0 \$0.00 0 \$0.00 NM unlimited offering of limited partnership interests 0 \$0.00 0 \$0.00 NY unlimited offering of limited partnership interests NC 0 \$0.00 0 \$0.00 unlimited offering of limited partnership interests 0 \$0.00 0 \$0.00 ND unlimited offering of limited partnership interests HO 0 \$0.00 0 \$0.00 unlimited offering of limited 0 0 OK \$0.00 \$0.00 partnership interests unlimited offering of limited partnership interests 0 0 OR \$0.00 \$0.00 unlimited offering of limited partnership interests PA 0 \$0.00 0 \$0.00 unlimited offering of limited RΙ 0 \$0.00 0 \$0.00 partnership interests unlimated offering of timated partnership interests SC \$0.00 0 \$0.00 0 unlimited offering of limited \$0.00 SD 0 \$0.00 0 partnership interests unlimited offering of limited TN 0 0 \$0.00 \$0.00 unlimited offering of limited partnership interests TX0 \$0.00 0 \$0.00 unlimited offering of limited UT 0 \$0.00 \$0.00 0 unlimited offering of limited VT 0 \$0.00 0 \$0.00 unlimited offering of limited partnership interests ٧A 0 \$0.00 0 \$0.00 unlimited offering of limited partnership interests WA 0 \$0.00 0 \$0.00 unlimited offering of limited wv 0 \$0.00 \$0.00 0 partnership interests unlimited offering of limited WI 0 \$0.00 0 \$0.00 partnership interests

|       |          | -                                      |   | APP                                  | ENDIX  |   |   |     |  |
|-------|----------|--|---|--------------------------------------|--|---|---|-----|--|
| 1     |          | 2 3  Type of security and aggregate    |   |                                      |  |   | 5 Disqualification under State ULOE (if yes, attach |     |  |
|       | to non-a | iccredited<br>is in State<br>i-Item 1) | and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |   |   |     | attach<br>ation of<br>granted)<br>-Item 1) |
| State | Yes      | No                                     |   | Number of<br>Accredited<br>Investors | Accredited Non-Accredited                                      |   |   | Yes | No   |
| WY    |          | X                                      | unlimited offering of limited partnership interests           | 0                                    | \$0.00   | 0 | \$0.00  | "   |  |
| PR    |          | X                                      | unlimited offering of limited partnership interests           | 0                                    | \$0.00   | 0 | \$0.00  |     |  |

